

FILED DEC 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **37835**

BIRTH NO. _____		REG. DIST. NO. <u>231</u>		PRIMARY REG. DIST. NO. <u>4346</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Montgomery</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Montgomery City</u> c. LENGTH OF STAY (in this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Montgomery City</u> d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Milton</u> b. (Middle) <u>Alfred</u> c. (Last) <u>Singleton</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov</u> , <u>19</u> , 1950		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>May 7, 1908</u>		9. AGE (In years last birthday) <u>42</u> 6 Months <u>12</u> Days <u>2</u> Hours <u>19</u> Min.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Saleman</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Electric App</u>		11. BIRTHPLACE (State or foreign country) <u>Clifton Hill, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Robert Lee Singleton</u>	
13b. MOTHER'S MAIDEN NAME <u>Betty Jane Brown</u>		14. NAME OF HUSBAND OR WIFE <u>Opal Singleton</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <u>486-03-2881</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Robert L. Singleton</u> ADDRESS <u>Montgomery City, Mo.</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Angina Pectoris</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____		INTERVAL BETWEEN ONSET AND DEATH <u>42 2</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Montgomery City</u> <u>Montgomery</u> <u>Mo</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>viewed</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>20 NOV</u> , 1950, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>11:30 P.m.</u> , from the causes and on the date stated above.				23a. SIGNATURE (Degree or title) <u>Clarence M. Bennett D.O.S. Comm</u>		23b. ADDRESS <u>Montgomery City Mo</u>	
23c. DATE SIGNED <u>11/20/50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 22, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>East Lawn Memorial Park</u>	
24d. LOCATION (City, town, or county) (State) <u>Montgomery, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Bernice E. Wyatt</u>		ADDRESS <u>Schubert Montgomery - Montgomery City, Mo.</u>		DATE REC'D BY LOCAL REG. <u>11-24-50</u>	
REGISTRAR'S SIGNATURE <u>Bernice E. Wyatt</u>		ADDRESS <u>434</u>		DATE REC'D BY LOCAL REG. <u>11-24-50</u>		REGISTRAR'S SIGNATURE <u>Bernice E. Wyatt</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

File No. _____
DISTRICT HEALTH OFFICE No. 4

NOV 27 1950

RECEIVED

DEC 12 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

E. Boone Schlanker

Licensed Embalmer No. *4136*

P. O. Address *Montgomery City, Md.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.